

2006

Behavioral Risk Factor Surveillance System BRFSS Questionnaire

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U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Disease Control and Prevention

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Promotion

Division of Adult and Community Health

Wyoming 2006 BRFSS Questionnaire

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Introduction and Random Adult Selection Module

INTROQST

HELLO, I'm calling for the Wyoming Department of Health. My name is [INTERVIEWER NAME].

We are gathering information about the health of Wyoming residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Is this [XXX-XXX-XXXX]?

- 1. CORRECT NUMBER (PROCEED TO NEXT QUESTION) SKP → PRIVRES
- 2. NUMBER IS NOT THE SAME

skp → wrongnum

WRONGNUM - IF INTROQST = 2

Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.

PRIVRES - IF INTROQST = 1

Is this a private residence?

1. YES, CONTINUE SKP → ISCELL
2. NO, NON-RESIDENTIAL SKP → NONRES

NONRES - IF PRIVRES = 2

Thank you very much, but we are only interviewing private residences.

ISCELL

Is this a cellular telephone?

READ IF NECESSARY: By cellular telephone we mean a telephone that is mobile and usable outside of your neighborhood.

- 1. NO, NOT A CELLULAR TELEPHONE, CONTINUE SKP → ADULTS
- 2. YES, A CELLULAR TELEPHONE SKP → CELLYES

CELLYES - IF ISCELL = 2

Thank you very much, but we are only interviewing land line telephones and private residences.

ADULTS - IF ISCELL = 1

I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

_ _ ENTER NUMBER OF ADULTS IF ADULTS = 1 SKP -> ONEADULT

MEN

How many of these adults are men?

_ _ ENTER NUMBER MEN

WOMEN

How many of these adults are women?

_ _ ENTER NUMBER WOMEN

WRONGTOT - IF MEN + WOMEN <> ADULTS

I'm sorry, something is not right.

Number of Men -

Number of Women - +

Number of Adults -

- 1. CORRECT THE NUMBER OF MEN SKP → MEN
- 2. CORRECT THE NUMBER OF WOMEN \Rightarrow WOMEN
- 3. CORRECT THE NUMBER OF ADULTS SKP → ADULTS

SELECTED - IF ADULT > 1 & MEN + WOMEN = ADULTS

The person in your household I need to speak with is [RANDOMLY SELECTED ADULT].

Are you the [RANDOMLY SELECTED ADULT]?

- 1. YES SKP → YOURTHE1
- 2. NO SKP → GETNEWAD

ONEADULT - IF ADULT = 1

Are you the Adult?

INTERVIEWER NOTE: ASK GENDER IF NECESSARY.

- 1. YES AND THE RESPONDENT IS A MALE. SKP → YOURTHE1
- 2. YES AND THE RESPONDENT IS A FEMALE. SKP -> YOURTHE1
- 3. NO

ASKGENDR - IF ADULT = 1 & ONEADULT = 3

Is the Adult a man or a woman?

- 1. MALE
- 2. FEMALE

GETADULT - IF ADULT > 1

May I speak with...

[IF ASKGENDR = 1 SHOW] ...him?
[IF ASKGENDR = 2 SHOW] ...her?

- 1. YES, ADULT IS COMING TO THE PHONE
- 2. NO, GO TO NEXT SCREEN, PRESS F3 TO SCHEDULE A CALL-BACK

YOURTHE1 - IF SELECTED = 1 OR ONEADULT < 3

Then you are the person I need to speak with.

- 1. PERSON INTERESTED, CONTINUE SKP → INTROSCR
- 2. GO BACK TO ADULTS QUESTION. WARNING: A NEW SKP \rightarrow ADULTS RESPONDENT MAY BE SELECTED

GETNEWAD - IF SELECTED = 2

May I speak with the [RANDOMLY SELECTED RESPONDENT]?

- 1. YES, SELECTED RESPONDENT COMING TO THE PHONE SKP -> NEWADULT
- 3. GO BACK TO ADULTS QUESTION. WARNING: A NEW SKP \rightarrow ADULTS RESPONDENT MAY BE SELECTED

NEWADULT - IF GETNEWAD = 1

HELLO, I am calling for the Wyoming Department of Health. My name is [INTERVIEWER NAME].

We are gathering information about the health of Wyoming residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

- 1. PERSON INTERESTED, CONTINUE
- 2. GO BACK TO ADULTS QUESTION. WARNING: A NEW SKP \rightarrow ADULTS RESPONDENT MAY BE SELECTED

INTROSCR

I will not ask for your name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions, I will provide a telephone number for you to call to get more information.

1. PERSON INTERESTED, CONTINUE

- SKP → C01Q01
- 2. GO BACK TO ADULTS QUESTION. WARNING: A NEW RESPONDENT MAY BE SELECTED
- SKP → ADULTS

Core 1: Health Status

C01Q01

Would you say that in general your health is...

- 1. Excellent
- 2. Very good
- 3. Good
- 4. Fair, or
- 5. Poor
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

Core 2: Healthy Days - Health-Related Quality of Life

C02Q01

Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

- _ _ NUMBER OF DAYS
- 88. NONE
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

C02Q02

Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

- _ _ NUMBER OF DAYS
- 88. NONE

SKP \rightarrow C03Q01 IF C02Q01 = 88

- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

C02Q03 - IF C02Q01 OR C02Q02 <> 88

During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

- _ _ NUMBER OF DAYS
- 88. NONE
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

Core 3: Health Care Access

C03Q01

Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

C03Q02

Do you have one person you think of as your personal doctor or health care provider?

INTERVIEWER NOTE: IF "NO," ASK: "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?"

- 1. YES, ONLY ONE
- 2. MORE THAN ONE
- 3. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

C03Q03

Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

C03Q04

About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

- 1. Within past year (anytime less than 12 months ago)
- 2. Within past 2 years (1 year but less than 2 years ago)
- 3. Within past 5 years (2 years but less than 5 years ago)
- 4. 5 or more years ago
- 7. DON'T KNOW/NOT SURE
- 8. NEVER
- 9. REFUSED

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Core 4: Exercise

C04Q01

During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

Core 5: Diabetes

C05Q01

Have you ever been told by a doctor that you have diabetes?

INTERVIEWER NOTE: IF "YES" AND RESPONDENT IS FEMALE, ASK: "Was this only when you were pregnant?"

INTERVIEWER NOTE: IF RESPONDENT SAYS PRE-DIABETES OR BORDERLINE DIABETES, USE RESPONSE CODE 4.

- 1. YES
- 2. YES, BUT FEMALE TOLD ONLY DURING PREGNANCY SKP \rightarrow C06Q01 3. NO SKP \rightarrow C06Q01 4. NO, PRE-DIABETES OR BORDERLINE DIABETES SKP \rightarrow C06Q01 SKP \rightarrow C06Q01 7. DON'T KNOW/NOT SURE SKP \rightarrow C06Q01 9. REFUSED SKP \rightarrow C06Q01

Module 4: Diabetes [CATI NOTE: INSERT AFTER C05Q01]

M04Q01 - IF C05Q01 = 1

How old were you when you were told you have diabetes?

- CODE YEARS IN AGE [97 = 97 OR OLDER]
- 98. DON'T KNOW/NOT SURE
- 99. REFUSED

M04Q02 - IF C05Q01 = 1

Are you now taking insulin?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

M04Q03 - IF C05Q01 = 1

Are you now taking diabetes pills?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

M04Q04 - IF C05Q01 = 1

About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do $\underline{\text{not}}$ include times when checked by a health professional.

```
_ _ _ 101-199 = TIMES PER DAY
201-299 = TIMES PER WEEK
301-399 = TIMES PER MONTH
401-499 = TIMES PER YEAR
```

- 888. NEVER
- 777. DON'T KNOW/NOT SURE
- 999. REFUSED

M04Q05 - IF C05Q01 = 1

About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do $\underline{\text{not}}$ include times when checked by a health professional.

```
_ _ _ 101-199 = TIMES PER DAY
201-299 = TIMES PER WEEK
301-399 = TIMES PER MONTH
401-499 = TIMES PER YEAR
```

- 555. NO FEET
- 888. NEVER
- 777. DON'T KNOW/NOT SURE
- 999. REFUSED

M04Q06 - IF C05Q01 = 1

Have you <u>ever</u> had any sores or irritations on your feet that took more than four weeks to heal?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

M04Q07 - IF C05Q01 = 1

About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

- _ _ NUMBER OF TIMES [76 = 76 OR GREATER]
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

M04Q08 - IF C05Q01 = 1

A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?

- _ _ NUMBER OF TIMES [76 = 76 OR GREATER]
- 88. NEVER
- 98. NEVER HEARD OF "A ONE C"
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

M04Q09 - IF C05Q01 = 1 & M04Q05 <> 555

About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

- _ _ NUMBER OF TIMES [76 = 76 OR GREATER]
- 88. NEVER
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

M04Q10 - IF C05Q01 = 1

When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

READ IF NECESSARY

- 1. Within the past month (anytime less than 1 month ago)
- 2. Within the past year (1 month but less than 12 months ago)
- 3. Within the past 2 years (1 year but less than 2 years ago)
- 4. 2 or more years ago
- 7. DON'T KNOW/NOT SURE
- 8. NEVER
- 9. REFUSED

M04Q11 - IF C05Q01 = 1

Has a doctor <u>ever</u> told you that diabetes has affected your eyes or that you had retinopathy?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

M04Q12 - IF C05Q01 = 1

Have you <u>ever</u> taken a course or class in how to manage your diabetes yourself?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

Core 6: Oral Health

C06Q01

How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists.

READ IF NECESSARY

- 1. Within the past year (anytime less than 12 months ago)
- 2. Within the past 2 years (1 year but less than 2 years ago)
- 3. Within the past 5 years (2 years but less than 5 years ago)
- 4. 5 or more years ago
- 7. DON'T KNOW/NOT SURE
- 8. NEVER
- 9. REFUSED

C06Q02

How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics.

INTERVIEWER NOTE: IF WISDOM TEETH ARE REMOVED BECAUSE OF TOOTH DECAY OR GUM DISEASE, THEY SHOULD BE INCLUDED IN THE COUNT FOR LOST TEETH.

- 1. 1 to 5
- 2. 6 or more but not all
- 3. All SKP → C07Q01
- 8. None
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

C06Q03 - IF C06Q01 <> 8 & C006Q02 <> 3

How long has it been since you had your teeth cleaned by a dentist or dental hygienist?

READ IF NECESSARY

- 1. Within the past year (anytime less than 12 months ago)
- 2. Within the past 2 years (1 year but less than 2 years ago)
- 3. Within the past 5 years (2 years but less than 5 years ago)
- 4. 5 or more years ago
- 7. DON'T KNOW/NOT SURE
- 8. NEVER
- 9. REFUSED

Core 7: Cardiovascular Disease Prevalence

C07Q01

Now I would like to ask you some questions about cardiovascular disease.

Has a doctor, nurse, or other health professional \underline{ever} told you that you had any of the following? For each, tell me "Yes", "No", or you're "Not sure."

(Ever told) you had a heart attack, also called a myocardial infarction?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

C07Q02

(Ever told) you had angina or coronary heart disease?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

C07Q03

(Ever told) you had a stroke?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

Core 8: Asthma

C08Q01

Have you ever been told by a doctor, nurse, or other health professional that you had asthma?

- 1. YES
- 2. NO

 $SKP \rightarrow C09Q01$

- 7. DON'T KNOW/NOT SURE
- SKP → C09Q01
- 9. REFUSED

SKP → C09Q01

C08Q02 - IF C08Q01 = 1

Do you still have asthma?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

Core 9: Disability

C09Q01

The following questions are about health problems or impairments you may have.

Are you limited in any way in any activities because of physical mental, or emotional problems?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

C09Q02

Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

INTERVIEWER NOTE: INCLUDE OCCASIONAL USE OR USE IN CERTAIN CIRCUMSTANCES.

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

Core 10: Tobacco Use

C10Q01

Have you smoked at least 100 cigarettes in your entire life?

INTERVIEWER NOTE: 5 PACKS = 100 CIGARETTES

- 1. YES
- 2. NO SKP \rightarrow C11Q01
- 7. DON'T KNOW/NOT SURE \Rightarrow C11Q01 9. REFUSED \Rightarrow C11Q01

C10Q02 - IF C10Q01 = 1

Do you now smoke cigarettes every day, some days, or not at all?

- 1. Every day
- 2. Some days
- 3. Not at all SKP \rightarrow C11Q01
- 7. DON'T KNOW/NOT SURE SKP → C11Q01
 9. REFUSED SKP → C11Q01

C10Q03 - IF C10Q01 = 1 & C10Q02 < 3

During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

Core 11: Demographics

C11Q01

What is your age?

- _ _ CODE AGE IN YEARS
- 07. DON'T KNOW/NOT SURE
- 09. REFUSED

Are you Hispanic or Latino?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

C11Q03

Which one or more of the following would you say is your race?

INTERVIEWER NOTE: CHECK ALL THAT APPLY.

- 1. White
- 2. Black or African American
- 3. Asian
- 4. Native Hawaiian or Other Pacific Islander
- 5. American Indian or Alaska Native, or
- 6. Other [SPECIFY]
- 8. NO ADDITIONAL CHOICES
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

C11Q04 - IF C11Q03 HAS MORE THAN ONE RACE CHECKED

Which one of these groups would you say best represents your race?

- 1. White
- 2. Black or African American
- 3. Asian
- 4. Native Hawaiian or Other Pacific Islander
- 5. American Indian or Alaska Native, or
- 6. Other [SPECIFY]
- 8. NO ADDITIONAL CHOICES
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

Are you married, divorced, widowed, separated, never married, or a member of an unmarried couple?

- 1. MARRIED
- 2. DIVORCED
- 3. WIDOWED
- 4. SEPARATED
- 5. NEVER MARRIED
- 6. A MEMBER OF AN UNMARRIED COUPLE
- 9. REFUSED

C11Q06

How many children less than 18 years of age live in your household?

- _ _ NUMBER OF CHILDREN
- 88. NONE
- 99. REFUSED

C11Q07

What is the highest grade or year of school you completed?

READ IF NECESSARY

- 1. Never attended school or only attended kindergarten
- 2. Grades 1 through 8 (Elementary)
- 3. Grades 9 through 11 (Some high school)
- 4. Grade 12 or GED (High school graduate)
- 5. College 1 year to 3 years (Some college or technical school)
- 6. College 4 years or more (College graduate)
- 9. REFUSED

C11Q08

Are you currently...?

- 1. Employed for wages
- 2. Self-employed
- 3. Out of work for more than 1 year
- 4. Out of work for less than 1 year
- 5. A Homemaker
- 6. A Student
- 7. Retired, or
- 8. Unable to work
- 9. REFUSED

Is your annual household income from all sources...

- 01. Less than \$10,000
- 02. Less than \$15,000 (\$10,000 to less than \$15,000)
- 03. Less than \$20,000 (\$15,000 to less than \$20,000)
- 04. Less than \$25,000 (\$20,000 to less than \$25,000)
- 05. Less than \$35,000 (\$25,000 to less than \$35,000)
- 06. Less than \$50,000 (\$35,000 to less than \$50,000)
- 07. Less than \$75,000 (\$50,000 to less than \$75,000)
- 08. \$75,000 or more
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

C11Q10

About how much do you weigh without shoes?

- _ _ _ ENTER WEIGHT IN WHOLE POUNDS (EX. 220 POUNDS = 220) OR
 WHOLE KILOGRAMS (EX. 65 KILOGRAMS = 9065 OR 110 KILOGRAMS = 9110)
- 7777. DON'T KNOW/NOT SURE
- 9999. REFUSED

C11Q11

About how tall are you without shoes?

- _ _ _ ENTER HEIGHT IN FEET AND INCHES (EX. 5 FEET 9 INCHES = 509)OR METERS AND CENTIMETERS (EX. 1 METER 75 CENTIMETERS = 9175)
- 7777. DON'T KNOW/NOT SURE
- 9999. REFUSED

C11012

What county do you live in?

- _ _ _ FIPS COUNTY CODE
- 777. DON'T KNOW/NOT SURE
- 999. REFUSED

What is your ZIP Code where you live?

_ _ _ _ ZIP CODE

77777. DON'T KNOW/NOT SURE

99990. REFUSED

C11Q14

Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.

1. YES

2. NO SKP → C11Q16

7. DON'T KNOW/NOT SURE \Rightarrow C11Q16 9. REFUSED SKP \Rightarrow C11Q16

C11Q15 - IF C11Q14 = 1

How many of these telephone numbers are residential numbers?

- 1. ONE
- 2. TWO
- 3. THREE
- 4. FOUR
- 5. FIVE
- 6. SIX OR MORE
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

C11Q16

During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of telephone service because of weather or natural disasters.

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

C11Q17

INDICATE SEX OF RESPONDENT. ASK ONLY IF NECESSARY.

- 1. Male **SKP** → **C12Q01**
- 2. Female

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C11Q18 - IF C11Q01 < 45 & C11Q017 = 2

To your knowledge, are you now pregnant?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

Core 12: Veteran's Status

C12Q01

The next question relates to military service.

Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

Core 13: Alcohol Consumption

C13Q01

During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

- 1. YES
- 2. NO SKP → C14Q01
- 7. DON'T KNOW/NOT SURE SKP → C14Q01
 9. REFUSED SKP → C14Q01

C13Q02 - IF C13Q01 = 1

During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?

- _ _ ENTER DAYS PER WEEK OR DAYS IN PAST 30 DAYS (101-107 = DAYS PER WEEK; 201-230 = IN PAST 30 DAYS)
- 777. DON'T KNOW/NOT SURE
- 888. NO DRINKS IN PAST 30 DAYS \Rightarrow C14Q01
- 999. REFUSED

C13Q03 - IF C13Q01 = 1 & C13Q02 <> 888

One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

- NUMBER OF DRINKS
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

C13Q04 - IF C13Q01 = 1 & C13Q02 <> 888

Considering all types of alcoholic beverages, how many times during the past 30 days did you have...

```
[IF C11Q17= 1 SHOW] ...5...
[IF C11Q17= 2 SHOW] ...4...
```

...or more drinks on an occasion?

- _ _ NUMBER OF TIMES
- 88. NONE
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

C13Q05 - IF C13Q01 = 1 & C13Q02 <> 888

During the past 30 days, what is the largest number of drinks you had on any occasion?

- _ NUMBER OF DRINKS
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

Core 14: Immunization/Adult Influenza Supplement

C14Q01

A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

C14Q02

During the past 12 months, have you had a flu vaccine that was sprayed in your nose? The flu vaccine sprayed in the nose is also called $FluMist^{M}$.

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

C14Q09

A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

C14Q10

Have you $\underline{\text{ever}}$ received the hepatitis B vaccine? The hepatitis B vaccine is completed after the third shot is given.

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

C14Q11

The next question is about behaviors related to Hepatitis B.

Tell me if \underline{any} of these statements is true for \underline{you} . Do \underline{not} tell me \underline{which} statement or statements are true for \underline{you} , just if \underline{any} of them are:

- -You have hemophilia and have received clotting factor concentrate. [IF C11Q17 = 1 SHOW] -You are a man who has had sex with other men, even just one time.
- -You have taken street drugs by needle, even just one time.
- -You traded sex for money or drugs, even just one time.
- -You have tested positive for HIV.
- -You have had sex (even just one time) with someone who would answer "yes" to any of these statements.
- -You had more than two sex partners in the past year.

Are any of these statements true for you?

- 1. YES AT LEAST ONE STATEMENT IS TRUE
- 2. NO, NONE OF THESE STATEMENTS IS TRUE
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

Core 15: Falls

C15Q01 - C11Q01 >= 45

The next questions ask about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

In the past 3 months, how many times have you fallen?

NUMBER OF TIMES [76 = 76 OR MORE]

88. NONE SKP → C16Q01
77. DON'T KNOW/NOT SURE SKP → C16Q01

99. REFUSED SKP → C16Q01

C15Q02 - C11Q01 >= 45 & C15Q01 < 77

How many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

- _ _ NUMBER OF TIMES [76 = 76 OR MORE]
- 88. NONE
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

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Core 16: Seatbelt Use

C16Q01

How often do you use seat belts when you drive or ride in a car? Would you say...

- 1. Always
- 2. Nearly always
- 3. Sometimes
- 4. Seldom
- 5. Never
- 7. DON'T KNOW/NOT SURE
- 8. NEVER DRIVE OR RIDE IN A CAR

SKP → C18Q03

9. REFUSED

Core 17: Drinking and Driving

C17Q01 - IF C13Q01 <> 2 & C16Q01 <> 8

The next question is about drinking and driving.

During the past 30 days, how many times have you driven when you've had perhaps too much to drink?

- _ _ NUMBER OF TIMES
- 88. NONE
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

Core 18: Women's Health

C18Q01 - C11Q17 = 2

The next questions are about breast and cervical cancer.

A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?

- 1. YES
- 2. NO SKP → C18Q03
- 7. DON'T KNOW/NOT SURE SKP → C18Q03
- 9. REFUSED SKP → C18Q03

C18Q02 - C11Q17 = 2 & C18Q01 = 1

How long has it been since you had your last mammogram?

READ IF NECESSARY

- 1. Within the past year (anytime less than 12 months ago)
- 2. Within the past 2 years (1 year but less than 2 years ago)
- 3. Within the past 3 years (2 years but less than 3 years ago)
- 4. Within the past 5 years (3 years but less than 5 years ago)
- 5. 5 or more years ago
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

C18Q03 - IF C11Q17 = 2

A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam?

- 1. YES
- 2. NO SKP \rightarrow C18Q05
- 7. DON'T KNOW/NOT SURE \Rightarrow C18Q05 9. REFUSED SKP \Rightarrow C18Q05

C18Q04 - IF C11Q17 = 2 & C18Q03 = 1

How long has it been since your last breast exam?

READ IF NECESSARY

- 1. Within the past year (anytime less than 12 months ago)
- 2. Within the past 2 years (1 year but less than 2 years ago)
- 3. Within the past 3 years (2 years but less than 3 years ago)
- 4. Within the past 5 years (3 years but less than 5 years ago)
- 5. 5 or more years ago
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

C18Q05 - IF C11Q17 = 2

A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?

- 1. YES
- 2. NO SKP → C18Q07
- 7. DON'T KNOW/NOT SURE SKP \rightarrow C18Q07 9. REFUSED SKP \rightarrow C18Q07

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C18Q06 - IF C11Q17 = 2 & C18Q05 = 1

How long has it been since you had your last Pap test?

READ IF NECESSARY

- 1. Within the past year (anytime less than 12 months ago)
- 2. Within the past 2 years (1 year but less than 2 years ago)
- 3. Within the past 3 years (2 years but less than 3 years ago)
- 4. Within the past 5 years (3 years but less than 5 years ago)
- 5. 5 or more years ago
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

C18Q07 - IF C11Q17 = 2 & C11Q18 > 1

Have you had a hysterectomy?

READ IF NECESSARY: "A hysterectomy is an operation to remove the uterus (womb)."

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

Core 19: Prostate Cancer Screening

C19Q01 - IF C11Q17 = 1 & C11Q01 >= 40

Now, I will ask you some questions about prostate cancer screening.

A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test?

- 1. YES
- 2. NO SKP → C19Q03
- 7. DON'T KNOW/NOT SURE SKP → C19Q03
- 9. REFUSED SKP → C19Q03

C19Q02 - IF C11Q17 = 1 & C11Q01 >= 40 & C19Q01 = 1

How long has it been since you had your last PSA test?

READ IF NECESSARY

- 1. Within the past year (anytime less than 12 months ago)
- 2. Within the past 2 years (1 year but less than 2 years ago)
- 3. Within the past 3 years (2 years but less than 3 years ago)
- 4. Within the past 5 years (3 years but less than 5 years ago)
- 5. 5 or more years ago
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

C19Q03 - IF C11Q17 = 1 & C11Q01 >= 40

A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam?

- 1. YES
- 2. NO

SKP → C19Q05

7. DON'T KNOW/NOT SURE

SKP → C19Q05

9. REFUSED

SKP → C19Q05

C19Q04 - IF C11Q17 = 1 & C11Q01 >= 40 & C19Q03 = 1

How long has it been since your last digital rectal exam?

READ IF NECESSARY

- 1. Within the past year (anytime less than 12 months ago)
- 2. Within the past 2 years (1 year but less than 2 years ago)
- 3. Within the past 3 years (2 years but less than 3 years ago)
- 4. Within the past 5 years (3 years but less than 5 years ago)
- 5. 5 or more years ago
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

C19Q05 - IF C11Q17 = 1 & C11Q01 >= 40

Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

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Core 20: Colorectal Cancer Screening

C20Q01 - C11Q01 >= 50

A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?

- 1. YES
- 2. NO SKP \rightarrow C20Q03
- 7. DON'T KNOW/NOT SURE \Rightarrow C20Q03 9. REFUSED \Rightarrow C20Q03

C20Q02 - C11Q01 >= 50 & C20Q01 = 1

How long has it been since you had your last blood stool test using a home kit?

READ IF NECESSARY

- 1. Within the past year (anytime less than 12 months ago)
- 2. Within the past 2 years (1 year but less than 2 years ago)
- 3. Within the past 5 years (2 years but less than 5 years ago)
- 4. 5 or more years ago
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

C20Q03 - C11Q01 >= 50

Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?

- 1. YES
- 2. NO SKP \rightarrow C21Q01
- 7. DON'T KNOW/NOT SURE SKP → C21Q01
 9. REFUSED SKP → C21Q01

C20Q04 - C11Q01 >= 50 & C20Q03 = 1

How long has it been since you had your last sigmoidoscopy or colonoscopy?

READ IF NECESSARY

- 1. Within the past year (anytime less than 12 months ago)
- 2. Within the past 2 years (1 year but less than 2 years ago)
- 3. Within the past 5 years (2 years but less than 5 years ago)
- 4. Within the past 10 years (5 years but less than 10 years ago)
- 5. 10 or more years ago
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

Core 21: HIV/AIDS

C21Q01 - IF C11Q01 =< 65

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

Have you $\underline{\text{ever}}$ been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth.

- 1. YES
- 2. NO

SKP → C22Q01

7. DON'T KNOW/NOT SURE

SKP → C22Q01

9. REFUSED

SKP → C22Q01

C21Q02 - IF C11Q01 = < 65 & C21Q01 = 1

Not including blood donations, in what month and year was your last HIV test?

INTERVIEWER NOTE: IF RESPONSE IS BEFORE JANUARY 1985, CODE "DON'T KNOW."

_ _ _ _ CODE MONTH AND YEAR

777777. DON'T KNOW/NOT SURE 999999. REFUSED

C21Q03 - IF C11Q01 = < 65 & C21Q01 = 1

Where did you have your last HIV test — at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else?

- 01. PRIVATE DOCTOR OR HMO OFFICE
- 02. COUNSELING AND TESTING SITE
- 03. HOSPITAL
- 04. CLINIC
- 05. JAIL OR PRISON (OR OTHER CORRECTIONAL FACILITY)
- 06. DRUG TREATMENT FACILITY
- 07. AT HOME
- 08. SOMEWHERE ELSE
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

C21Q04 - IF C11Q01 =<65 & C21Q01 = 1 & C21Q02 < [WITHIN PAST 12 MONTHS]

Was it a rapid test where you could get your results within a couple of hours?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

Core 22: Emotional Support and Life Satisfaction

C22Q01

The next two questions are about emotional support and satisfaction with life.

How often do you get the social and emotional support you need?

INTERVIEWER NOTE: IF ASKED, SAY, "Please include support from \underline{any} source."

- 1. Always
- 2. Usually
- 3. Sometimes
- 4. Rarely
- 5. Never
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

C22Q02

In general, how satisfied are you with your life?

- 1. Very satisfied
- 2. Satisfied
- 3. Dissatisfied
- 4. Very dissatisfied
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

Module 1: Random Child Selection

M01Q01 - IF C11Q06 < 88

[IF C11Q06 = 1 SHOW] Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.

[IF C11Q01 > 1 & <88 SHOW] Previously, you indicated there were [ANS C11Q06] children age 17 or younger in your household. Think about those [ANS C11Q06] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth.

I have some additional questions about one specific child. The child I will be referring to is the [Xth] child in your household. All following about children will be about the [Xth] child.

What is the birth month and year of the [Xth] child?

CODE MONTH AND YEAR

777777. DON'T KNOW/NOT SURE

999999. REFUSED

M01Q02 - IF C11Q06 < 88

Is the child a boy or a girl?

- 1. BOY
- 2. GIRL
- 9. REFUSED

M01Q03 - IF C11Q06 < 88

Is the child Hispanic or Latino?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

M01Q04 - IF C11Q06 < 88

Which one or more of the follow would you say is the race of the child?

CHECK ALL THAT APPLY

- 1. White
- 2. Black or African American
- 3. Asian
- 4. Native Hawaiian or Other Pacific Islander
- 5. American Indian or Alaska Native or
- 6. Other [SPECIFY]
- 8. NO ADDITIONAL CHOICES
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

${\tt M01Q05}$ - IF C11Q06 < 88 & ${\tt M01Q04}$ HAS MORE THAN ONE RESPONSE INDICATED

Which $\underline{\text{one}}$ of these groups would you say $\underline{\text{best}}$ represents the child's race?

- 1. White
- 2. Black or African American
- 3. Asian
- 4. Native Hawaiian or Other Pacific Islander
- 5. American Indian or Alaska Native or
- 6. Other [SPECIFY]
- 8. NO ADDITIONAL CHOICES
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

M01Q06 - IF C11Q06 < 88

How are you related to the child?

- 1. Parent (INCLUDE BIOLOGIC, STEP, OR ADOPTIVE PARENT)
- 2. Grandparent
- 3. Foster parent or guardian
- 4. Sibling (INCLUDE BIOLOGIC, STEP, AND ADOPTIVE SIBLING)
- 5. Other relative
- 6. Not related in any way
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

Module 3: Childhood Asthma Prevalence

M03Q01 - IF C11Q06 < 88

The next two questions are about the [Xth] child.

Has a doctor, nurse or other health professional ever said that the child has asthma?

- 1. YES
- 2. NO

SKP → [NEXT MODULE]

7. DON'T KNOW/NOT SURE **SKP** \rightarrow [NEXT MODULE]

9. REFUSED

SKP → [NEXT MODULE]

M03Q02 - IF C11Q06 < 88 & M03Q01 = 1

Does the child still have asthma?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

Module 9: Folic Acid

M09Q01

Do you currently take any vitamin pills or supplements?

INCLUDE LIQUID SUPPLEMENTS.

- 1. YES
- 2. NO

SKP → M09Q05

7. DON'T KNOW/NOT SURE

SKP → M09Q05

9. REFUSED

SKP → M09Q05

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M09Q02 - IF M09Q01 = 1

Are any of these a multivitamin?

- 1. YES \Rightarrow M09Q04
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

M09Q03 - IF M09Q01 = 1 & M09Q02 > 1

Do any of the vitamin pills or supplements you take contain folic acid?

- 1. YES
- 2. NO

 $SKP \rightarrow M09Q05$

- 7. DON'T KNOW/NOT SURE SKP → M09Q05
 9. REFUSED SKP → M09Q05

M09Q04 - IF M09Q01 = 1 & (M09Q02 = 1 OR M09Q03 = 1)

How often do you take this vitamin pill or supplement?

- _ _ _ ENTER TIMES PER DAY WEEK OR MONTH
 - 101-199 = TIME PER DAY
 - 201-299 = TIMES PER WEEK
 - 301-399 = TIMES PER MONTH
- 777. DON'T KNOW/NOT SURE
- 999. REFUSED

M09Q05 - IF C11Q01 < 45

Some health experts recommend that women take 400 micrograms of the B vitamin folic acid, for which one of the following reasons...

- 1. To make strong bones
- 2. To prevent birth defects
- 3. To prevent high blood pressure, or
- 4. Some other reason
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

Module 10: Secondhand Smoke Policy

M10Q01

Which statement best describes the rules about smoking inside your home?

- 1. Smoking is not allowed anywhere inside your home
- 2. Smoking is allowed in some places or at some times
- 3. Smoking is allowed anywhere inside your home
- 4. There are no rules about smoking inside your home
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

M10Q02 - IF C11Q08 = 1, 2

While working at your job, are you indoors most of the time?

- 1. YES
- 2. NO

SKP → [NEXT MODULE]

7. DON'T KNOW/NOT SURE

SKP → [NEXT MODULE]

9. REFUSED

SKP → [NEXT MODULE]

M10Q03 - IF C11Q08 = 1, 2 & M10Q02 = 1

Which of the following best describes your place of work's official smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms?

INTERVIEWER NOTE: FOR WORKERS WHO VISIT CLIENTS OR WORK AT HOME, "PLACE OF WORK" MEANS THEIR BASE LOCATION. FOR SELF-EMPLOYED PERSONS WHO WORK AT HOME, THE OFFICIAL SMOKING POLICY MEANS THE HOME SMOKING POLICY.

- 1. Not allowed in any public areas
- 2. Allowed in some public areas
- 3. Allowed in all public areas, or
- 4. No official policy
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

M10Q04 - IF C11Q08 = 1, 2 & M10Q02 = 1

Which of the following best describes your place of work's official smoking policy for work areas?

- 1. Not allowed in any work areas
- 2. Allowed in some work areas
- 3. Allowed in all work areas
- 4. No official policy
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

Module 14: Anxiety and Depression

M14Q01

Now, I am going to ask you some questions about your mood. When answering these questions, please think about how many days each of the following has occurred in the past 2 weeks.

Over the last 2 weeks, how many days have you had little interest or pleasure in doing things?

- 01-14 DAYS
- 88. NONE
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

M14Q02

Over the last 2 weeks, how many days have you felt down, depressed $\underline{\text{or}}$ hopeless?

- _ _ 01-14 DAYS
- 88. NONE
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

M14Q03

Over the last 2 weeks, how many days have you had trouble falling as leep \underline{or} staying as leep \underline{or} sleeping too much?

- _ _ 01-14 DAYS
- 88. NONE
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

M14Q04

Over the last 2 weeks, how many days have you felt tired \underline{or} had little energy?

- 01-14 DAYS
- 88. NONE
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

M14Q05

Over the last 2 weeks, how many days have you had a poor appetite $\underline{\text{or}}$ eaten too much?

- _ _ 01-14 DAYS
- 88. NONE
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

M14Q06

Over the last 2 weeks, how many days have you felt bad about yourself or that you were a failure or had let yourself or your family down?

- _ _ 01-14 DAYS
- 88. NONE
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

M14Q07

Over the last 2 weeks, how many days have you had trouble concentrating on things, such as reading the newspaper or watching the TV?

- _ _ 01-14 DAYS
- 88. NONE
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

M14Q08

Over the last 2 weeks, how many days have you moved or spoken so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you were moving around a lot more than usual?

- 01-14 DAYS
- 88. NONE
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

M14Q09

Has a doctor or other healthcare provider <u>ever</u> told you that you had an anxiety disorder including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

M14Q10

Has a doctor or other healthcare provider $\underline{\text{ever}}$ told you that you had a depressive disorder including depression, major depression, dysthymia, or minor depression?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

State Added Section 1: Second Hand Smoke

WY01Q01 - IF M10Q02 = 1

How often are you exposed to secondhand cigarette smoke at your place of work? Would you say...

- 1. Never
- 2. Seldom
- 3. Sometimes
- 4. Frequently
- 5. DO NOT WORK OUTSIDE OF HOME
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

State Added Section 2: Tobacco Cessation

WY02Q01 - IF C10Q02 = 3

Previously you said you have smoked cigarettes:

About how long has it been since you last smoked cigarettes?

READ IF NECESSARY

- 01. Within the past month (anytime less than 1 month ago)
- 02. Within the past 3 months (1 month but less than 3 months ago)
- 03. Within the past 6 months (3 months but less than 6 months ago)
- 04. Within the past year (6 months but less than 1 year ago)
- 05. Within the past 5 years (1 year but less than 5 years ago)
- 06. Within the past 10 years (5 years but less than 10 years ago)
- 07. 10 or more years ago
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

WY02Q02

Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff?

- 1. YES
- 2. NO

SKP → WY02Q06

7. DON'T KNOW/NOT SURE SKP → WY02Q06

9. REFUSED

SKP → WY02Q06

WY02Q03 - IF WY02Q02 = 1

Do you currently use chewing tobacco or snuff every day, some days, or not at all?

- 1. EVERY DAY
- 2. SOME DAYS
- 3. NOT AT ALL

SKP → WY02Q05

- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

WY02Q04 - IF WY02Q02 = 1 & WY02Q03 <> 3

During the past 12 months, have you stopped using chewing tobacco or snuff for one day or longer because you were trying to quit?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

WY02Q05 - IF WY02Q02 = 1

How long has it been since you last used chewing tobacco or snuff on a regular basis?

READ IF NECESSARY

- 01. Within the past month (anytime less than 1 month ago)
- 02. Within the past 3 months (1 month but less than 3 months ago)
- 03. Within the past 6 months (3 months but less than 6 months ago)
- 04. Within the past year (6 months but less than 1 year ago)
- 05. Within the past 5 years (1 year but less than 5 years ago)
- 06. Within the past 10 years (5 years but less than 10 years ago)
- 07. 10 or more years ago
- 08. Never used on a regular basis
- 77. DON'T KNOW / NOT SURE
- 99. REFUSED

WY02Q06

In the last 12 months, how many times have you seen a doctor, nurse or other health professional to get any kind of care for yourself?

SKP → WY02Q11

- _ _ NUMBER OF TIMES (1-76)
- 88. NONE
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

$WY02Q07 - IF (WY02Q01 \le 4 OR C10Q02 \le 3) \& WY02Q06 \le 88$

In the last 12 months, on how many visits were you advised to quit smoking by a doctor or other health provider?

- $_{\rm L}$ NUMBER OF TIMES (1-76)
- 88. NONE SKP → WY02Q10
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

WY02Q08 - IF (WY02Q01 <= 4 OR C10Q02 < 3) & WY02Q06 <> 88 & WY02Q07 <> 88

On how many visits did your doctor, nurse or other health professional recommend or discuss medication to assist you with quitting smoking, such as nicotine gum, patch, nasal spray, inhaler, lozenge, or prescription medication such as Wellbutrin/Zyban/Bupropion?

(PRONUNCIATION: Well BYOU trin/ZEYE ban/byou PRO pee on)

- _ _ NUMBER OF TIMES (1-76)
- 88. NONE
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

WY02Q09 - IF (WY02Q01 <= 4 OR C10Q02 < 3) & WY02Q06 <> 88 & WY02Q07 <> 88 & WY02Q08 <> 88

On how many visits did your doctor or health provider recommend or discuss methods and strategies other than medication to assist you with quitting smoking?

- $_{\rm L}$ NUMBER OF TIMES (1-76)
- 88. NONE
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

WY02Q10 - IF (WY02Q03 < 3 OR WY02Q05 <= 4) & WY02Q06 <> 88 & WY02Q08 <> 88

In the last 12 months, on how many visits were you advised to quit using smokeless tobacco by a doctor or other health provider?

- $_{\rm }$ $_{\rm }$ NUMBER OF TIMES (1-76)
- 88. NONE
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

WY02Q11 - IF C10Q03 = 1 OR WY02Q04 = 1 OR WY02Q01 <= 4 OR WY02Q05 <= 4

[IF C10Q03 = 1 SHOW] The last time you tried to quit smoking cigarettes, did you use any of the following:

[IF WY02Q04 = 1 & C10Q03 <> 1 SHOW] The last time you tried to quit using chewing tobacco or snuff, did you use any of the following:

[IF WY02Q01 <= 4 SHOW] When you stopped smoking cigarettes, did you use any of the following:

[IF WY02Q05 <= 4 & WY02Q01 > 4 & C10Q03 <> 1 SHOW] When you stopped using chewing tobacco or snuff, did you use any of the following:

Medication such as nicotine gum, patch, nasal spray, inhaler, lozenge, or prescription medication such as Wellbutrin/Zyban/Buproprion?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

WY02Q12 - IF C10Q03 = 1 OR WY02Q04 = 1 OR WY02Q01 <= 4 OR WY02Q05 <= 4

A clinic or class in your community?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

WY02Q13 - IF C10Q03 = 1 OR WY02Q04 = 1 OR WY02Q01 <= 4 OR WY02Q05 <= 4

One on one counseling from a cessation counselor?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

WY02Q14 - IF C10Q03 = 1 OR WY02Q04 = 1 OR WY02Q01 <= 4 OR WY02Q05 <= 4

One on one counseling from a doctor or nurse?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

WY02Q15 - IF C10Q03 = 1 OR WY02Q04 = 1 OR WY02Q01 <= 4 OR WY02Q05 <= 4

Wyoming Quitline?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

WY02Q16 - IF C10Q03 = 1 OR WY02Q04 = 1 OR WY02Q01 <= 4 OR WY02Q05 <= 4

Wyoming Quitnet?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

WY02Q17 - IF C10Q03 = 1 OR WY02Q04 = 1 OR WY02Q01 <= 4 OR WY02Q05 <= 4

Wyoming Quit Tobacco Program that provides cessation medications for free or at reduced cost?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

WY02Q18 - IF C10Q03 = 1 OR WY02Q04 = 1 OR WY02Q01 <= 4 OR WY02Q05 <= 4

Some other kind of assistance?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

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WY02Q19 - IF C10Q03 = 1 OR WY02Q04 = 1 OR WY02Q01 <= 4 OR WY02Q05 <= 4 & (WY02Q12 THRU WY02Q18 <>1) [CATI NOTE: IF ANY WY02Q12 - WY02Q18 = 1, AUTO CODE AS 2]
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Or did you do it on your own?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

WY02Q20

Do you currently use any tobacco products other than cigarettes, chewing tobacco or snuff, such as cigars, pipes, bidis, kreteks, or any other tobacco product?

INTERVIEWER NOTE: BIDIS ARE SMALL, BROWN, HAND-ROLLED CIGARETTES FROM INDIA AND OTHER SOUTHEAST ASIAN COUNTRIES. KRETECS ARE CLOVE CIGARETTES MADE IN INDONESIA THAT CONTAIN CLOVE EXTRACT AND TOBACCO.

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

State Added Section 3: Diabetes Awareness

WY03Q01

Have you heard of any activities to address the problem of diabetes in your community?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

State Added Section 4: Skin Cancer

WY04Q01

The next question is about sunburns including anytime that even a small part of your skin was red for more than 12 hours.

Have you had a sunburn within the past 12 months?

- 1. YES
- 2. NO SKP → WY04Q03
- 7. DON'T KNOW/NOT SURE SKP \rightarrow WY04Q03
- 9. REFUSED SKP → WY04Q03

WY04Q02 - IF WY04Q01 = 1

Including times when even a small part of your skin was red for more than 12 hours, how many sunburns have you had within the past 12 months?

- 1. ONE
- 2. TWO
- 3. THREE
- 4. FOUR
- 5. FIVE
- 6. SIX OR MORE
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

WY04Q03

How often do you use tanning booths, tanning beds, or sun lamps in order to tan your skin? Would you say...

- 1. Never
- 2. Seldom
- 3. Sometimes
- 4. Frequently
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

State Added Section 5: Providing Care

WY05Q01

The next two questions are about situations where people provide regular care or assistance to a family member or friend who is elderly or has a long-term illness or disability.

During the past month, did you provide any such care or assistance to a family member or friend who is 60 years of age or older?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

WY05Q02

During the past month, did you provide any such care or assistance to a family member or friend who has dementia or Alzheimer's disease?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

State Added Section 6: Child Health

WY06Q01 - IF C11Q06< 88

I have a few additional questions about the $\[$ **SELECTED RANDOM CHILD\]** child.

Has a doctor, nurse, or other health professional ever said that the child has diabetes?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

WY06Q02 - IF C11Q06 < 88

Thinking back over the past 12 months, tell me as best as you can whether this child has had any sunburns during that time. By sunburn, I mean any reddening or burn of the skin that lasts until the next day.

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

WY06Q03 - IF C11Q06 < 88

Was there a time during the past 12 months when this child needed to see a doctor but could not because of the cost?

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

WY06Q04 - IF C11Q06 < 88

Does this child have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicaid?

- 1. YES
- 2. NO SKP → WY06Q06
- 7. DON'T KNOW/NOT SURE SKP → WY06Q06
 9. REFUSED SKP → WY06Q06

WY06Q05 - IF C11Q06 < 88 & WY06Q04 = 1

What type of health care coverage does this child have? Is it...

- 1. Through your or someone else's employer
- 2. Through Medicaid
- 3. Through the government's children's health insurance program also known as CHIP or Kid Care?
- 4. Through some other form of health care coverage
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

WY06Q06 - IF C11Q06 < 88 & (WY06Q04 = 2 OR WY06Q04 = 7)

There are some types of health care coverage you may not have considered. Does this child have coverage through your employer, someone else's employer, the military, Medicaid, Medicare, the Indian Health Service, or some other source?

READ IF NECESSARY

NOTE: IF RESPONDENT GIVES COVERAGE NOT IN LIST BELOW CODE AS "4"

- 1. THROUGH YOUR OR SOMEONE ELSE'S EMPLOYER
- 2. THROUGH MEDICAID
- 3. THROUGH THE GOVERNMENT'S CHILDREN'S HEALTH INSURANCE PROGRAM ALSO KNOWN AS CHIP OR KID CARE?
- 4. THROUGH SOME OTHER FORM OF HEALTH CARE COVERAGE
- 5. NO HEALTH CARE COVERAGE
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

State Added Section 7: Injury

WY07Q01 - ASK IN MAY AND JUNE ONLY

In the past 12 months, on how many days have you ridden a horse?

_____NUMBER OF DAYS

777. DON'T KNOW/NOT SURE

888. NONE

999. REFUSED

CLOSING

That is my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.